North Dakota SMP
Empowering Seniors To Prevent Healthcare Fraud

Simple Inquiry Form

Date of Contact: _____ County_____

Agency Contacted: _____

Contact Method:

☐ In Person ☐ Phone ☐ U.S. Mail ☐ E-Mail ☐ Fax ☐ By ND SMP

Inquiry by:
- ☐ Beneficiary
- ☐ Family Member
- ☐ Caregiver
- ☐ Program Partner/Subcontractor
- ☐ Heath Care Provider
- ☐ Media
- ☐ Other (specify in notes)

Issue:
- ☐ Anonymous Complaint (referral made)
- ☐ Anonymous Complaint (no action)
- ☐ Billings/Claims/Coverage questions
- ☐ Presentation Request
- ☐ General Consumer Protection
- ☐ Program
- ☐ Volunteer Inquiry
- ☐ Resource Request
- ☐ Non-SMP info/referral
- ☐ Other (specify in notes)

Program Involved:
- ☐ Original Medicare Part A (hospital)
- ☐ Original Medicare Part B (outpatient)
- ☐ Medicare Advantage
- ☐ Medicare Part D (Rx drugs)
- ☐ Medicare Durable Medical Equipment (DME)
- ☐ Medicaid
- ☐ Medigap
- ☐ Private Insurance
- ☐ Home Health Care
- ☐ Long term Care Facility
- ☐ Medicare/Medicaid (general)
- ☐ Other Public Insurance
- ☐ Consumer Protection
- ☐ Not Program Related
- ☐ Other (specify in notes)

Was simple inquiry resolved/answered? ☐ Yes ☐ No Time Spent: _____

Notes: Initial: _____